

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	NANOCYLINDER-MODIFIED SURFACES
<b>Attorney Docket Number::</b>	032026-0775
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	7
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Licensed US Govt. Agency::</b>	National Science Foundation
<b>Contract or Grant Numbers One::</b>	CHE 0071385
<b>Licensed US Govt. Agency::</b>	National Institute of Health
<b>Contract or Grant Numbers One::</b>	8 RO1 EB00269-02
<b>Licensed US Govt. Agency::</b>	Department of Defense
<b>Contract or Grant Numbers One::</b>	F30602-01-2-0555
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name ::</b>	Robert J.
<b>Family Name::</b>	HAMERS
<b>City of Residence::</b>	Madison

**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 221 Shiloh Dr.  
**City of mailing address::** Madison  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53705

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Sarah  
**Family Name::** BAKER  
**City of Residence::** Madison  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 1105 Emerald St.  
**City of mailing address::** Madison  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53715

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Tami  
**Family Name::** LASSETER  
**City of Residence::** Madison  
**State or Province of Residence::** Wisconsin

**Country of Residence::** US  
**Street of mailing address::** 330 Norris Ct. #9  
**City of mailing address::** Madison  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53703

#### Correspondence Information

**Correspondence Customer Number::** 23524  
**E-Mail address::** PTOMailMadison@Foley.com

#### Representative Information

<b>Representative Customer Number::</b>	23524	
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#### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/445,611	02/07/2003

#### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### Assignee Information

**Assignee name::** Wisconsin Alumni Research Foundation